STATE OF CALIFORNIA **SUBJECT MATTER EXPERT APPLICATION - MFT**1800 37A-642 (Rev. 02/04)

BOARD OF BEHAVIORAL SCIENCES 400 R STREET, SUITE 3150, SACRAMENTO, CA 95814-6240 TELEPHONE: (916) 445-4933 TDD: (916) 322-1700 WEBSITE ADDRESS: http://www.bbs.ca.gov

Submit this application WITH YOUR CURRENT <u>RESUME</u> to the Board's Examination Unit at the above address

Section A PERSONAL INFORMATION															
Sectio	n A	PERSO	IAL INFO	<u> PRMA</u>	TION			г.	. 1					1 2 0	1
Last Name								Na	rst me					MI	
Street							City					E-Mail			
Address State		Zip			Home	(1	<u> </u>		1	Work	(1		
FAX	,				Phone	(Phone Cell	(,		
License	(License	1	E,	Pager xpiration	()	<u> </u>	Other		Cell	Social)		
Type		Number		E	Date				licenses			Sec. No.			
Completion of the following fields are OPTIONAL:															
Race/ Ethnicity		Date of Gender Birth													
Lumienty		Dittil													
Section	Section B REQUIREMENTS														
Do you	Do you currently perform a minimum of twenty hours of training, supervision, education, or clinical experience per week?														
No Yes															
How m	How many hours of face-to-face therapy do you perform per week? hours														
	•						-		-		_				
How Io	ong hav	e you been	working in	the fi	eld unde	r yo	ur lice	ense?			_ years				
	What is your Degree Title?														
(i.e., M	(i.e., MS in Psychology)														
What I	What Data was your Dagraa awardad?														
What Date was your Degree awarded?															
Section C QUESTIONNAIRE															
Have you ever served as an Oral Examiner for the Board?															
	1														
	No Yes If YES, when did you last serve as an Oral Examiner?														
Have you ever participated in an examination development workshop (as an SME) for the Board?															
	No Yes If YES, when did you last participate in a workshop?														
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Please															
Two References															
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Signa	ture										Date				